Learning Professionalism in Athletic Training Education

Debbie I. Craig, PhD, ATC

Northern Arizona University, Flagstaff, AZ

Objective: Student learning of professionalism in athletic training education programs (ATEPs) can be varied and even elusive. The purpose of this article is to define professionalism and discuss its development in athletic training students.

Background: Medical professions have studied extensively how students learn professionalism. However, with some studies reporting up to 90 different associated characteristics, no set definition of professionalism has been adopted. Students may learn professional behaviors in the classroom and the clinic. Research in medical education reports that a majority of this learning occurs in the clinical environment.

Description: There are numerous ways to promote the learning of professionalism in athletic training students. After engaging each student personally in this pursuit, techniques such as communicating the mission and code of ethics of the National Athletic Trainers'

Association (NATA), clearly stating expectations the ATEP holds of students' professional behavior, providing a variety of learning opportunities in different clinical settings, carefully selecting approved clinical instructors (ACIs), and using self-assessment and reflection are a few of the techniques recommended. The importance of the role of ACIs in the development of professional behaviors in athletic training students is stressed.

Advantages: Without purposefully including the learning of professionalism in ATEP curriculums (the classroom and clinical experiences), students are at risk of not being prepared to represent and promote athletic training at the highest levels within the allied health professions.

Keywords: teaching professionalism, student learning, learner-centered education, clinical supervision

he level of professionalism demonstrated by undergraduate athletic training students may vary greatly within athletic training education programs (ATEPs) across the nation. Fostering professional characteristics is essential to developing competent graduates; people who see athletic training as a profession rather than just a job. The purpose of this article is to define professionalism and discuss its development in athletic training students.

The topic of developing professionalism in students is not new. The medical profession has conducted considerable research to understand how students learn professionalism. ¹⁻⁵ Previously, role modeling has been relied on heavily as a tool for teaching professionalism. However, research is beginning to show that this traditional method of transmitting professional values is no longer adequate. ⁶⁻⁸



Debbie Craig has been the Director of the ATEP at Northern Arizona University since finishing her PhD in 2003 at Colorado State University. Prior to that, she had been a clinical athletic trainer for 12 years at the high school, community college, and 4-year Division I Levels. Debbie.Craig@nau.edu

Defining Professionalism within Learner-Centered Education

To discuss learning professionalism, a working definition is needed. For the purpose of this paper, professionalism is defined as "... the conduct or qualities that characterize a professional person or a profession." It is the conduct, or behavior, and the qualities, or characteristics, of a professional person that make it difficult to create one definition agreed upon by all. In one study, 90 separate elements of professionalism were described. Some behaviors and characteristics relating to professionalism that are commonly written about are autonomy (independence), altruism (unselfishness, or putting the patient before yourself), collegiality (teamwork/courtesy toward peers in your profession), integrity, morality, responsibility, and the pursuit of excellence (commitment to expanding one's knowledge). 1.2.4,5.7,10

Many of these characteristics are not easily taught in the classroom or the clinic. They are learned through the experiences each student encounters. Each of these experiences may lead to different learning for each individual. "An activity becomes what people turn it into by bringing in a reference frame that they developed through earlier experience." Though experiences that students encounter are controlled to some degree, what they take from those experiences will vary according to past experiences.

To understand this further, a differentiation must be made

between teacher-centered education and learner-centered education. Hovelynck¹¹ states, "It is not about developing livelier ways to pass on teachers' blueprints of reality to students, but about facilitating the learners' process of developing their own blueprints." For instance, one way to teach students how to use a sling psychrometer is to demonstrate its use in front of the class. This would be teacher-centered education. A learner-centered approach would be to hand students a sling psychrometer and a list of four sites where they need to take comparative readings. Discussion would follow where the students report their findings and talk about reasons why different readings may have occurred. Thus, student learning arises from the student's own experience—building their own blueprint. This limited example includes the common professionalism characteristics of autonomy, responsibility, the pursuit of excellence, and collegiality.

When applied to learning professionalism, a teacher-centered approach would be to define the characteristics of professionalism in the classroom through lecture. A learner-centered approach would be having students define professionalism on their own through a search of the literature. They would share this with the class, along with a list of how they feel they demonstrate professionalism, and ways they could improve upon this in their clinical setting. This makes the lesson personal to the learner.

Using learner-centered education, then, presents even further complexity to the already complex topic of developing professionalism. Indeed, some authors view it as difficult or nearly impossible to teach professionalism in the didactic, traditional ways. 12-14 Batlle 15 suggested that teaching professionalism in the classroom creates further knowledge of an academic subject, not professionals. However, assuming that professionalism will be learned during clinical experiences may also create varied results. In a study on educating for promotion of professionalism, Wessel 16 stated,

"While medical students cited their clinical experiences with preceptors as a highlight of their medical school experience, the clinical experiences were often variable, resulting in haphazard and fluctuating levels of learning for students in the same program."

Within each ATEP, a variety of approved clinical instructors (ACIs) commonly serve as role models for students. Each of these ACIs will naturally demonstrate professionalism differently. Thus, regardless of presentation in the classroom, student learning of professionalism will fluctuate with their clinical placements. This fluctuation may be decreased to some degree by the equal rotation of students through all clinical sites. Thus careful selection of the most professional ACIs is critical for optimal development of professionalism in students.

Data from medical school admissions material do not predict professional behavior.¹⁷ The only significant predictors of medical student professionalism were in domains where students had opportunities to demonstrate conscientious behavior or humility in self-assessment. In athletic training education, students must be

provided with ample clinical experience allowing enough autonomy for them to demonstrate behaviors and self-assess those behaviors.¹⁸ Discussion of their self-assessment with their ACI completes each individual learning experience.

Autonomy is necessary to develop the three pillars of professionalism, expertise, ethics, and service.¹⁸ Without some degree of autonomy, students cannot learn necessary skills (expertise), practice necessary altruism and responsibility as demonstrated by ACIs (ethics), and provide necessary service to athletes/patients.

Being good healers is not enough.⁴ Athletic trainers, like physicians, will be "judged both as healers and as professionals, and when they do not fulfill their obligations in either role, both they and the profession suffer."⁴ The following is a list of components that Cruss and Cruss⁴ feel should be included in medical education to foster growth of both the healer and and the professional:

There must be a clear definition of professionalism and its characteristics.

There must be identifiable content in the curriculum devoted to professionalism.

Professionalism must be viewed as an ideal to be pursued, highlighting altruism and social responsibility.

Students must conceptualize that being a professional is a privilege, not a right.

The [athletic trainer] must be conceptualized as a healer and a professional.

Students must understand that moral behavior is essential to maintain the trust of patients and society.

Knowledge of the code of ethics governing the profession must be communicated.

There must be an understanding of the essential nature of the autonomy of the individual [athletic trainer], along with the legitimate limitations that have always existed. A minimum degree of autonomy is required to exercise the necessary independent judgment to best serve the patient.

There must be an understanding of the nature of the collective autonomy of the profession and its regulatory practices.

The ATEP must present the material that is both critical and supportive of ideals related to the profession.

Discussion of Applications in Athletic Training

The task for athletic training educators (classroom and clinical) is to focus on incorporating student learning of professionalism. To do this, we must engage the learner in the profession, help them understand the ethics and regulatory acts that govern our profession, clearly state expectations regarding their professional behavior, provide different learning opportunities, incorporate self-assessment and reflection, and provide feedback.

There are numerous ways to engage the learner in the pursuit of professional values. Brain-based learning principles state that we must engage the learner by first making it personal to each individual learner. 19-21 To make professionalism personal to students, it is imperative that expectations surrounding professional behavior are communicated and clear to each student at the beginning of the ATEP experience. Expectations for professional behavior required for retention in an ATEP must be clearly stated, communicated, and potentially signed by the student acknowledging their understanding of the professional expectations placed on them. Sharing expectations for professional behavior is key to giving students a picture of the ideals they should strive to achieve. 6.7,10,13

With clear expectations, feedback concerning individual behavior be it positive or negative, may be more justified. For example, the ATEP may chose to require student participation in state and district athletic training meetings. Expectations regarding their appearance and behavior while at these meetings would be clearly communicated. After the meetings, feedback would be given to each student in reference to meeting those expectations.

Students must understand their role in the profession and engage in that role. If professional ideals are not presented to them in the context of our profession, how then should we expect our students to understand these ideals? To accomplish this, students must understand the mission of the NATA. Educators, must encourage a sense of personal responsibility in students to further that mission. "[Athletic trainers] must participate in shaping the profession's future and understand the principles and obligations associated with being a member of a profession."²²

The NATA Education Council promotes student understanding of the scope of athletic training practice in the Educational Competencies. Among other core values, they encourage understanding legal practice, ethical practice, and professionalism.²³ How each ATEP promotes professionalism is not prescribed. One suggestion is using a senior-level project that each student conducts focusing on professionalism.²⁴ Another is to use a professional socialization course designed to foster an awareness of professional ethics, organizations, journals, and practices.²⁵ A third is to conduct an annual retreat for students and clinical supervisors to help promote reflection on the nature of professionalism and on what it means to be a role model.²⁶

Discussing at length the NATA Code of Ethics with all entering students on their first day in the program, provides clear communication of expectations. Along with communicating the Code of Ethics, the profession's regulatory acts must be discussed when facilitating professionalism. We have an obligation to educate our students about the laws and regulatory acts at the state and national levels that will govern their practice once they become certified. Students must understand that these laws and regulations are in place to protect society, maintain trust between the profession and society, and to protect the special interests of professional groups. 1,4,22

This leads us into the concept of providing different learning opportunities for each student. Learning professionalism requires exposure to numerous experiences and settings.¹⁰ Varied clinical experiences are required of ATEPs. The degree of variation

however, is only loosely prescribed. A student whose clinical experiences are varied will theoretically have a greater opportunity to cultivate their professionalism than a student who does not. This can be achieved by placing a student in diverse clinical settings (i.e., high school, college, clinic, and orthopedic practice settings). It is up to the ATEP administration to assure that each clinical environment promotes professional behavior.

Self-assessment and reflection have become prominent in the education literature concerning ways to engage the learner on a personal level.^{27,28} Though self-assessment and reflection are not new ideas, they can be valuable in learning professionalism. Conceptualizing professionalism as an ideal to be achieved, students learn about this ideal with each experience in the classroom and clinic. Self-assessment requires the student to think back through details of an experience and evaluate their own decision making and performance. Often, the student's evaluation of themselves is more critical than the supervisor's evaluation.

Reflection may be used by a student and supervisor together to discuss a situation that occurred in the clinic after it happened. When using reflection to promote professional behavior, any situation involving conflict resolution that the student was involved in or simply observed would be a powerful learning opportunity. In the classroom, role playing, for example, in a situation involving an anxious referee or a controlling coach through resolving the conflict would be beneficial. The student (or whole class) and ACI reflecting upon the situation in a discussion afterward would promote this learning.

Use of feedback to facilitate student learning is well documented. 11,16,20-22,25,27,28 In athletic training, constant feedback on the immediate or small learning outcomes, versus final program outcomes, is important in the students' evolution toward the ideal of professionalism. Observing their interactions with athletes and giving immediate feedback, for example, causes the student to reflect, recognize an area of competence or needed improvement, and adjust their future professional behavior accordingly. Without this regular feedback, the program outcome of appropriate professional behavior will be elusive to the student. In deed, research shows that role modeling without discussion and feedback lessens the learning potential of that experience. ^{6-8,28} Feedback that is positive is as influential as critical feedback for student learning. Giving students feedback of a job well done confirms any learning gained in that particular experience, while also increasing their confidence. For example, when faculty or ATEP administrators receive positive feedback from an ACI about the professional behavior of a particular student, they should take the time to share that feedback with the student. This would legitimize any feelings of accomplishment that the student may have felt regarding that situation and lets them know you value the behavior they presented. A summary of techniques to promote student learning of professionalism follows:

State the expectations placed on students of professional behavior

Define the characteristics of professional behavior.

Discuss the NATA Code of Ethics, national certification,

and state regulatory acts.

Discuss the mission of the NATA and impress upon students their responsibility to carry out this mission as a member of the profession.

Encourage participation in state, district, and national athletic training meetings.

Make professionalism personal to each student.

Provide different learning opportunities within clinical education.

Have students perform periodic self-assessments of their professional behavior.

Have students reflect on their experiences, either through discussion or journaling.

Give students feedback regarding their demonstration of professionalism.

Have students create senior projects focused on professionalism.

Choose ACIs and instructors who model professional behavior.

Conclusion

Both classroom and clinical educators are obligated to foster a sense of professionalism within students. Promoting the professional characteristics of altruism, autonomy, collegiality, integrity, responsibility, morality, and the pursuit of excellence within students is a critical charge to ATEPs. Through this charge, ATEPs support the NATA's mission of improving athletic training's professional status in society. By engaging the learner in their own pursuit of the ideal of professionalism, by providing different learning opportunities, and by thoroughly communicating issues such as the NATA Code of Ethics, regulatory acts governing our profession, expectations of professional behavior placed on students, and giving feedback and time for self-assessment and reflection, ATEPs can promote the highest levels of professionalism within their graduates.

References

- Surdyk PM, Lynch DC, Leach DC. Professionalism: Identifying current themes. Current Opinion in Anaesthesiology. 2003;16:597-603.
- VanDeCamp K, Vernooij-Dassen, MJ, Grol RT, Bottema BJ. How to conceptualize professionalism: A qualitative study. Med Teach. 2004;26:696-702
- Fishbein RH. Professionalism and the 'master clinician' an early learning experience. J Eval Clin Prac. 2000;6:241-243.
- Cruess SR, Cruess RL. Professionalism must be taught. BMJ. 1997;315:1674-1677.
- Jette DU, Portney LG. Construct validation of a model for professional behavior in physical therapist students. Phys Ther. 2003;83:432-443.
- Steinert Y, Cruess S, Cruess R, Snell L. Faculty development for teaching and evaluating professionalism: From programme design to curriculum change. Med Educ. 2005;39:127-137.
- Shrank WH, Reed VA, Jernstedt GC. Fostering professionalism in medical education. J Gen Int Med. 2004;19:887-893.
- National Board of Medical Examiners. Embedding professionalism in medical education: Assessment as a tool for implementation. Available at: www.nbme.org/about/publications.asp. Accessed on July 10, 2005.
- 9. Merriam-Webster Dictionary Online. Available at: www.m-w.com. Accessed

- on July 16, 2005.
- Andersen JC. We should expect professional behavior as an entry-level outcome: Development and assessment over time. Presented at: National Athletic Trainers' Association Educators' Conference; January 2005; Montgomery, TX.
- 11. Hovelynck J. Moving active learning forward. J Exper Educ. 2003;26:1-7.
- Wear D, Kuczewski MG. The professionalism movement: Can we pause? *Amer J Bioeth*. 2004;4:1-10.
- 13. Surdyk P. Educating for professionalism: What counts? Who's counting? Cambridge Quarterly of Healthcare Ethics. 2003;12:155-160.
- Kuczewski MG, Bading E, Langbein M, Henry B. Fostering professionalism: The Loyola model. Cambridge Quarterly of Healthcare Ethics. 2003;12:161-166.
- Batlle JC. Professionalism from the apprentice's perspective. Amer J Bioethics. 2004;4:11-12.
- Wessel KE. Creating a complete picture of educating for professionalism. *Amer J Bioethics*. 2004;4:6-7.
- Stern DT, Frohna AZ, Gruppen LD. The prediction of professional behaviour. Med Educ. 2005;39:75-82.
- Irvine D. The performance of doctors. I. Professionalism and self-regulation in a changing world. BMJ. 1997;314:1540-1542.
- 19. Bimonte, R. Mysteries of the brain. Momentum. 1998;29:16-18.
- Howard, P. The Owner's Manual for the Brain: Everyday Applications from Mind-Brain Research. 2nd ed. Atlanta, GA: Bard Press; 2000.
- Jensen, E. Teaching with the Brain in Mind. Alexandria, VA: Association for Supervision and Curriculum Development; 1998.
- Cruess RL, Cuess SR, Johnston SE. Professionalism: An ideal to be sustained. Lancet. 2000;356:156-159.
- National Athletic Trainers' Association Education Council. Athletic training Competencies, 4th edition. Available at: www.nataec.org. Accessed on July 14, 2005.
- Hall KD. Student development and ownership of ethical and professional standards. Sci & Eng Ethics. 2004;10:383-388.
- Saltzman LE. The feasibility of teaching professionalism in criminal justice. Tchg Soc. 1986;14:263-265.
- Levi BH, Green MJ. Humanities in full retreat. Tchg & Lrng Med. 2003;15:252-257.
- Poole J, Wessner J. The transition from student to teacher: Developing a selfassessment culture for professionalism in teacher preparation programs.
 Presented at: Annual Meeting of PAC-TE Teacher Education Assembly; October 29-31, 2003; Grantville, PA.
- Jones WS, Hanson JL, Longacre JL. An intentional modeling process to teach professional behavior: Students' clinical observation of preceptors. Tchg & Lrng Med. 2004;16:264-270.
- Hatem CJ. Teaching approaches that reflect and promote professionalism. Acad Med. 2003;78:709-713.
- Stern D. Hanging out: Teaching values in medical education. Palo Alto, CA;
 PhD dissertation, Stanford University; 1996.